

**EMPLOYEE OFF-DUTY PERSONAL FITNESS
OR RECREATIONAL ACTIVITY ACKNOWLEDGEMENT**

Activity Location: _____ Date of Activity _____

Participant Name: _____ Dept: _____

Participant Phone: _____

Person to notify in case of emergency:

Name: _____

Address: _____

Phone: (day) _____ (evening) _____

I understand that there is a certain amount of risk associated with any physical activity, and both benefits and risks associated with any exercise program. I further understand that aerobics/fitness and recreational activities present certain inherent risks and hazards, which as a participant, I am willing to assume.

I agree that I take full responsibility for my own health and fitness. I recognize that the State of Maryland, Howard County Health Department, and Howard County Government cannot take responsibility for my health or for my ability to participate in any specific exercise or recreational program. I am, to the best of my knowledge, in good health and able to participate in personal exercise activities. I will not use any exercise or recreational equipment without receiving proper instruction as to the operation of such equipment.

I understand and agree that participation in exercise or recreational activity during off-duty time has been undertaken for my personal benefit and not for the benefit of Howard County. I further understand and agree that the activity is not related in any way to my job duties as a Howard County employee, and occurs entirely during non-work hours. I understand and agree that participation in this activity is completely voluntary and Howard County has not required me to participate in the activity.

On behalf of myself, my heirs, executors, administrators and assigns, I hereby agree to release and hold harmless, the State of Maryland, Howard County Health Department, and Howard County Government, its officers, agents, and employees, from any liability or claim for damages of any kind whatsoever arising out of or in consequence of my use of County equipment or participation in off-duty fitness or recreational activities, unless such injury or damage is due to the sole negligence of Howard County Government, its officers, agents, or employees. Finally, I acknowledge that any injuries incurred in connection with participation in this activity will not be considered as covered under workers' compensation.

Signature of Participant _____ Date _____